

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>S.B.</i>	<i>JC 895</i>	<i>9-29-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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203/JC 895

TITLE APPLICANTS

☐ The sub-
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Form PTO
(Rev. 8/99)